

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STATE BOARD OF MEDICAL EXAMINERS
C/O H. JOSEPH FALGOUT, MD and MARK H. LEQUIRE, MD
CO-EXECUTIVE DIRECTORS
PO BOX 946
MONTGOMERY, AL 36101-0946



9590 9402 2170 6193 0252 71

2. Article Number (Transfer from service label)

7016 1970 0000 9008 7780

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Scott Johnson* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
AUG 17 REC'D

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2:18cv719ds

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |